U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8006		2. Fiscal Year Covered From:		
		1 / 1 / 2004 Through:	12 / 31 / 2004	
3. Name and address of person filing.		4. Name, file number, and address of labor org	4. Name, file number, and address of labor organization.	
Name <sub>JOHN</sub>	TURCHIANO	Name NY HOTEL AND MOTEL TRADE	ES COUNCIL	
		Labor Organization File Number 024-25	8	
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any		
Street 707 EIGHTH AVENUE		Street 707 EIGHTH AVENUE		
City NEW YORK		City NEW YORK		
State New York	ZIP Code + 4 10036	State New York	ZIP Code + 4 10036	
5. Position in labor organization. EDI	TOR			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				

## Signature

	To. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	
	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		

Signed	John Junction	On <u>8/11/05</u>	212 492 2155
		Date	Telephone Number

Name of Person Filing JOHN TURCHIANO	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name PRYOR CASHMAN SHERMAN & FLYNN LLP  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust			
Street 410 PARK AVENUE	c. Employer			
City NEW YORK  State New York ZIP Code + 4 10022				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.  PRYOR CASHMAN IS THE UNION'S OUTSIDE GENERAL  COUNSEL, LABOR RELATIONS COUNSEL AND GOVERNMENT  RELATIONS COUNSEL.			
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing. \$1,005,444			
City State ZIP Code + 4	12.a. Nature of interest held or income received.  HOLIDAY FOOD BASKET - \$31.00  TICKETS TO SPORTING EVENTS - \$330.00			
	12.b. Amount. \$361			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			